



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER
5676
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name Weingarten for 29th District State Representative	
2. Acronym or abbreviated name, if any	3. Committee telephone number (317) 598-1026
4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 14066 Deer Stone Ln	
5. City, state, ZIP code Fortville IN 46040	6. Party affiliation (if applicable) Democratic

## CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname) Joseph L Weingarten	8. Party affiliation or if independent Democratic
9. Office sought (include district number, if any. <b>Not required for exploratory committee.</b> ) State Representative District: 29	10. County of residence Hamilton

## TYPE OF REPORT

## CONVENTION CANDIDATES ONLY

11. Annual	12. Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting period: From: 10/11/2008 Through: 12/31/2008	<b>COLUMN A</b> This Period
13. Cash on hand and investments at the beginning of this reporting period.	123.19
14. Cash on hand and investments January 1, current year.	0.00

## CONTRIBUTIONS AND RECEIPTS

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	50.00	1,714.35
15b. Unitemized	0.00	0.00
15c. Add lines 15a, and 15b in both columns		
<b>SUBTOTAL</b>	50.00	1,714.35
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	173.19 1,714.35

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0.00	1,603.20
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns		
<b>SUBTOTAL</b>	0.00	1,603.20
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	173.19 111.15
19. Debts OWED BY the committee (use Schedule D)	0.00	
20. Debts OWED TO the committee (use Schedule E)	0.00	

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Signature on File

Title

Date

Date

11/14/09

Not to be copied for sale or used for any commercial purpose.

Who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

## FOR OFFICE USE ONLY

Filed: Online  
1/12/09 12:49 pm

CLERK  
HAMILTON COUNTY CLERK  
JAN 12 2009

2009 JAN 14 AM 11:08

FILED



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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Page 1 of 1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	Todd Black 14002 Stone Key Way Fo	Contribution: Direct	50.00	0.00	10/20/2008
Contributor's Occupation (if required): Event Planner					Joseph Weingarten
SUB TOTAL THIS PAGE OF SCHEDULE A			\$ 50.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ( Enter total on ITEM 15a of the Summary Sheet )			\$ 50.00		